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CONFIRMATION NO. 2525

<b>SERIAL NUMBER</b> 10/765,382	<b>FILING OR 371(c) DATE</b> 01/27/2004 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> BSCU-032/02US
<b>APPLICANTS</b> Ernest J. St. Pierre, South Attleboro, MA;				
<b>** CONTINUING DATA *****</b> This application is a CON of 10/032,742 (10/24/2001 PAT 6,719,804 which claims benefit of 60/280,809 04/02/2001)				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/14/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 17
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>				<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 22903				
<b>TITLE</b> Medical stent and related methods				
<b>FILING FEE RECEIVED</b> 920	FEES: Authority has been given in Paper. No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	